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APPLICANTS

William Reeves, North Branford, CT;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
 07/21/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 12
Verified and Acknowledged	Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS

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TITLE

Computer system for optical scanning, storage, organization and electronic mailing of medical records and other sensitive original legal documents

FILING FEE RECEIVED 919	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit